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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/684,417
	Filing Date	10/15/2003
	First Named Inventor	Dong-soo NAM
	Art Unit	3653
	Examiner Name	Thomas A. Morrison
Total Number of Pages in This Submission	Attorney Docket Number	102-1001

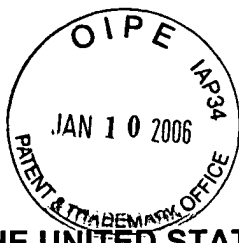
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Daniel E. Valencia
Signature	
Date	January 10, 2006

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Docket No.: 102-1001

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: 10/684,417

Applicants : Dong-Soo NAM

Confirmation No.: 4388

Filed : October 15, 2003

Group Art Unit: 3653

Customer No. : 38209

Examiner: Thomas A. Morrison

Title: PAPER-DISCHARGING APPARATUS USED WITH AN IMAGE-FORMING DEVICE

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT FEE TRANSMITTAL**

Sir:

Transmitted herewith is an Amendment for the above-identified application.

- ☐ No additional fee is required
- ☒ The additional fee has been calculated as shown below:

**CLAIMS AS AMENDED**

	Claims Remaining After Amendment	Highest No. Covered by Previous Payments	Extra	Rate	Additional fee
Total Claims*	26	25	1	\$ 50.00	\$50.00
Independent Claims	5	4	1	\$ 200.00	\$200.00
Multiple Dependent Claims	(If claims added by amendment include Multiple Dependent Claim(s) and there was not Multiple Dependent Claim(s) in application before amendment add \$360.00 to additional fee (\$180.00 for small entity).				\$
Extension of Time Fee: <input type="checkbox"/> One-month; <input type="checkbox"/> Two-months; <input type="checkbox"/> Three-months <input type="checkbox"/> Four-months					\$
TOTAL					\$250.00

\*Includes all independent and single dependent claims and all claims and all claims referred to in multiple dependent claims. See 37 CFR §1.75(c)

- ☐ Small entity status is or has been claimed.  
Reduced Fees Under 37 C.F.R. §1.9(f) paid herewith \$\_\_\_\_\_

Docket No.: 102-1001  
Serial No.: 10/684,417

- ☒ A check in the amount of \$250.00 to cover the extra claims fee is attached
- ☐ Charge fee of \$\_\_\_\_\_ to Deposit Account No. 502827. A duplicate copy of this sheet is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for filing this amendment, including all fees pursuant to 37 CFR §1.17 for its timely consideration, or credit or any overpayment to Deposit Account No. 502827.

Respectfully submitted,

STANZIONE & KIM, LLP



By: \_\_\_\_\_  
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Docket No.: 102-1001

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:

Dong-Soo Nam

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Application No.: 10/684,417

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Commissioner for patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action mailed November 17, 2005, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 8 of this paper.

01/11/2006 JADD01 00000103 10604417

01 FC:1201  
02 FC:1202

200.00 OP  
50.00 OP